

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Paromoke city</i>		Town <i>Paromoke city</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>26</i>		Age <i>65</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Worcester Co</i>			
Occupation <i>domestic</i>		Where Residing if not at place of death <i>Paromoke city</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Simon Bailey</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>enteritis</i>	How long <i>3 months</i>
Immediate <i>exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>Sam'l S. Quinn</i> <i>Paromoke city Md</i>
Accident or Suicide?	



Name  
in  
Full

Elizabeth Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Near Pacomoke <sup>County</sup> Worcester

MARYLAND

Date of death 1905 <sup>Month</sup> Nov <sup>Day</sup> 25 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Somerset co

Occupation Domestic <sup>Where Residing if not at place of death</sup> Near Pacomoke

Married, Single or Widowed <sup>Name of Wife or Husband</sup> —

Father's Name Mrs Fleming <sup>Father's Birthplace</sup> Somerset co

Mother's Maiden Name — <sup>Mother's Birthplace</sup>

Name of person giving information <sup>How related to deceased</sup>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

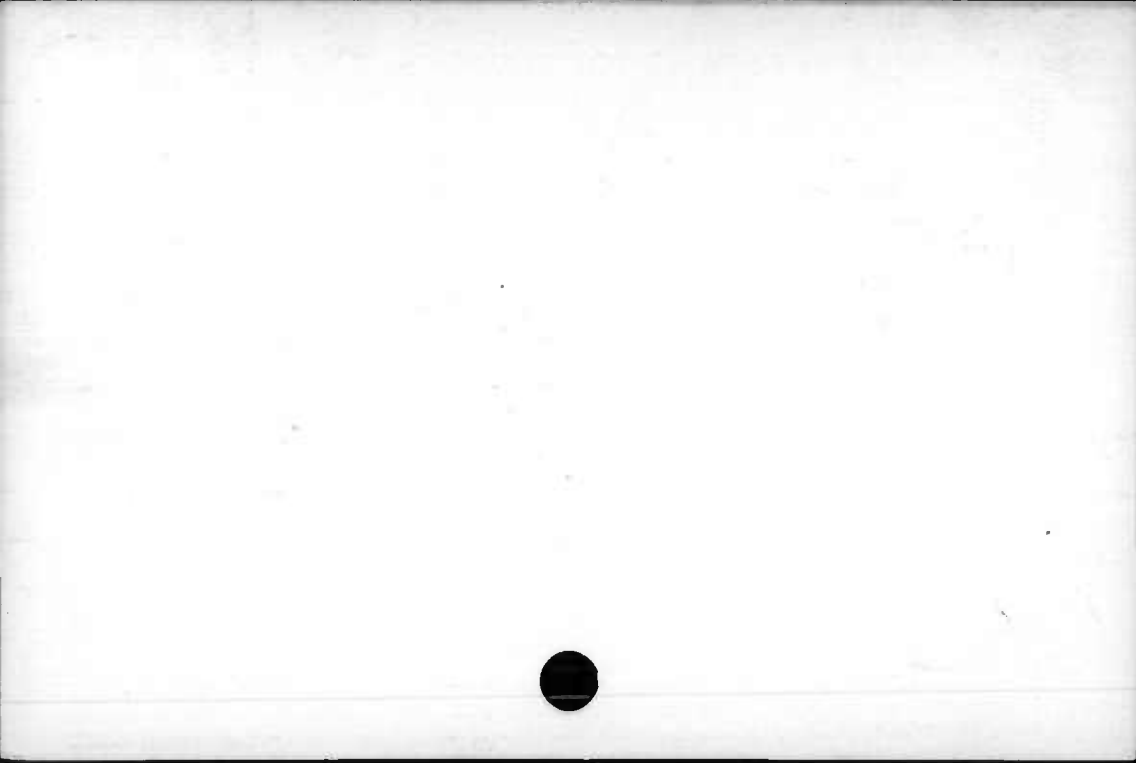
Primary Broken Leg <sup>How long</sup> 2 years

Immediate Softening of Brain <sup>How long</sup> 1 yr

Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> Samuel S. Jones

<sup>Address</sup> Pacomoke city Md

Accident or Suicide?



Name  
in  
Full

Wm H Becket

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Stockton

County

Norcross

MARYLAND

Date

of death 1905

Month

11

Day

8

Years

Age

1

Months

5

Days

Sex

Male

Color or  
RaceBirth-  
place~~Married~~ Single  
or ~~Widowed~~

Occupation

Name of Wife or  
HusbandFather's  
Name

John Becket

Father's  
Birthplace

Md

Mother's  
Maiden Name

Cynda Bishop

Mother's  
Birthplace

Md

Name of person giving  
information

Thos Becket

How related  
to deceased

Uncle

## CAUSES OF DEATH

Primary

Heart Failure

How long

3 days

Immediate

Heart failure

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

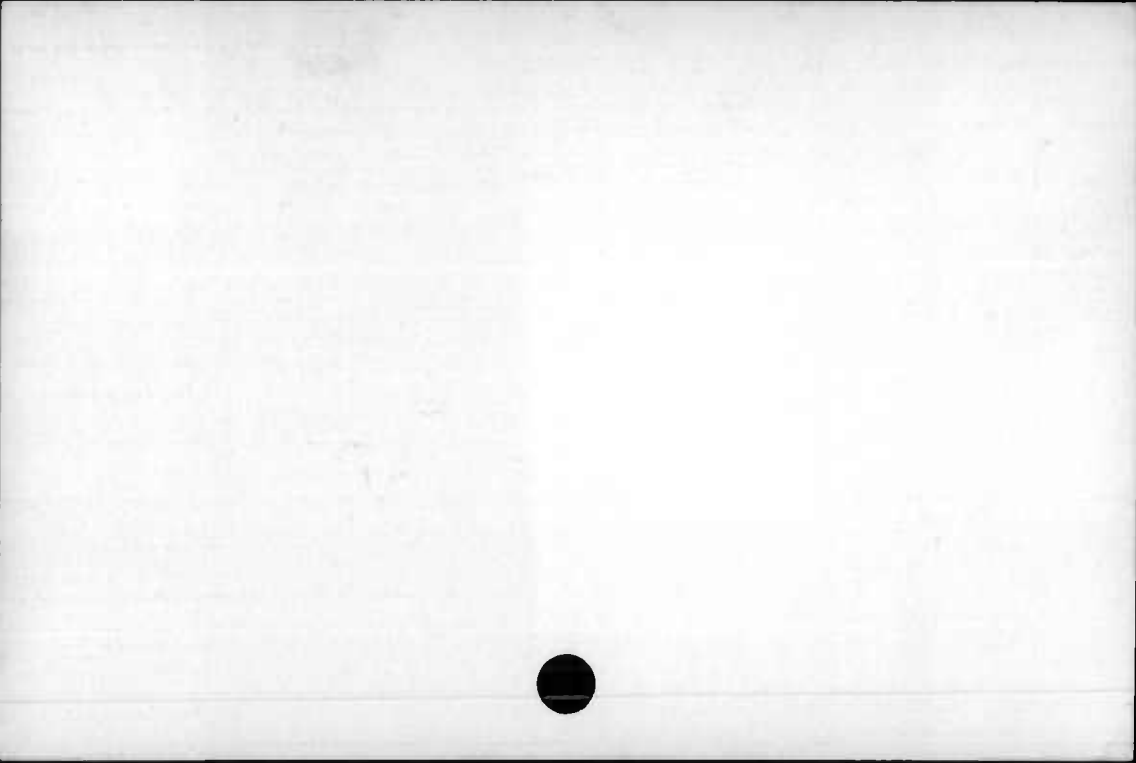
Thos Becket

Address

Stockton Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

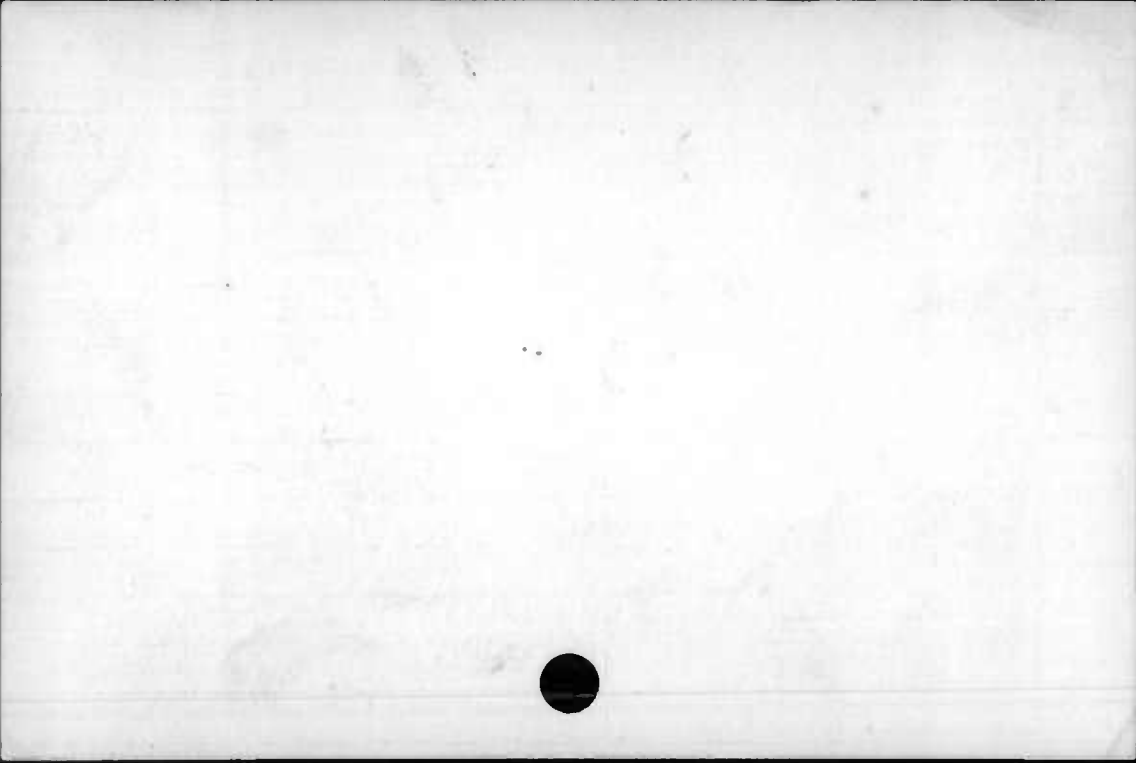
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lula Chapman</i>		Town <i>Stockton</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Stockton</i>		Month <i>Nov</i>		Day <i>4</i>		Years <i>24</i>	
Date of death 190 <i>0</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Pilas W Chapman</i>							
Father's Name <i>Geo Mason</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ellen Dickerson</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>Pilas Chapman</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>9 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Dickerson</i>
	Address <i>Stockton Worcester Md</i>
Accident or Suicide?	



Name  
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Full

## CERTIFICATE OF DEATH

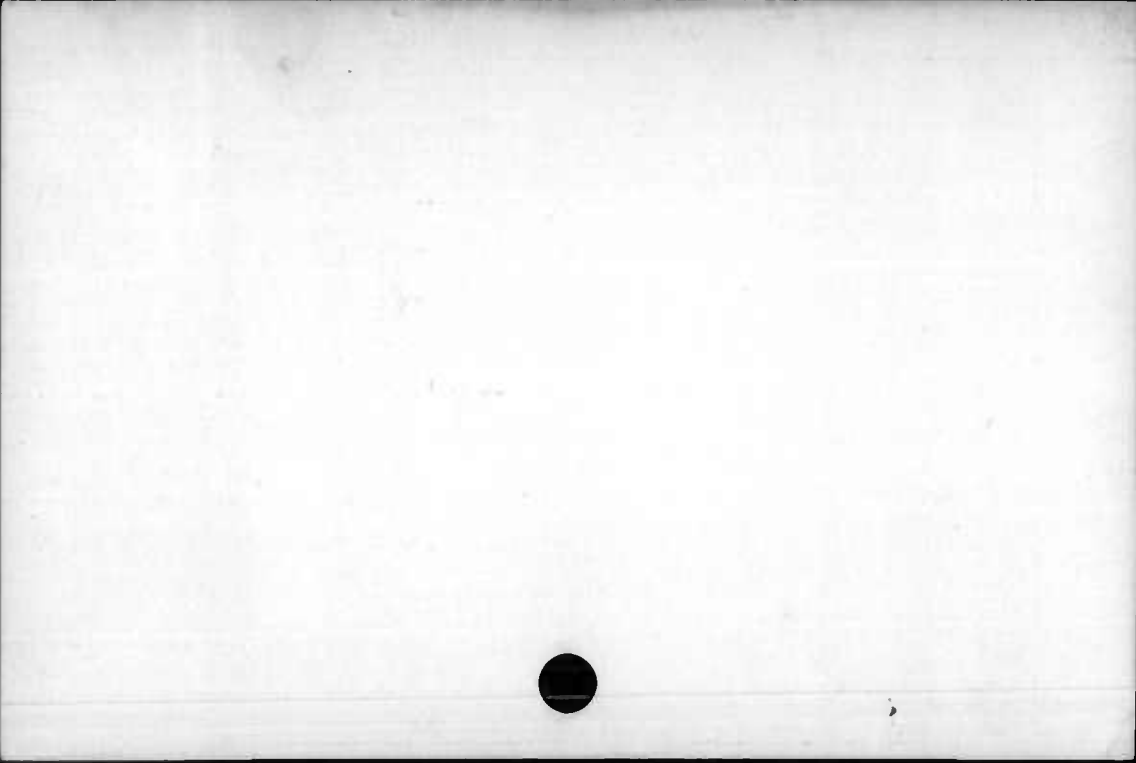
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stockton</u> <sup>Town</sup>		<u>moreester</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>5</u> <sup>Month</sup>	<u>11</u> <sup>Day</sup>	Age <u>7</u> <sup>Years</sup>	<u>15</u> <sup>Months</sup>	<u>20</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>md</u>		
<del>Married, Single</del> <del>or Widowed</del>			Occupation		
<del>Name of Wife or</del> <del>Husband</del>					
Father's Name <u>Thomas Douglas</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Caroline Collins</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Thomas Douglas</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>11</u> <sup>How long</sup>
Immediate <u>Accidentally Shot</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Thos. Douglas</u>	Address <u>Stockton Md</u>
Accident or <del>Suicide</del> ?	



Name  
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Edward D. J. Dryden

## CERTIFICATE OF DEATH

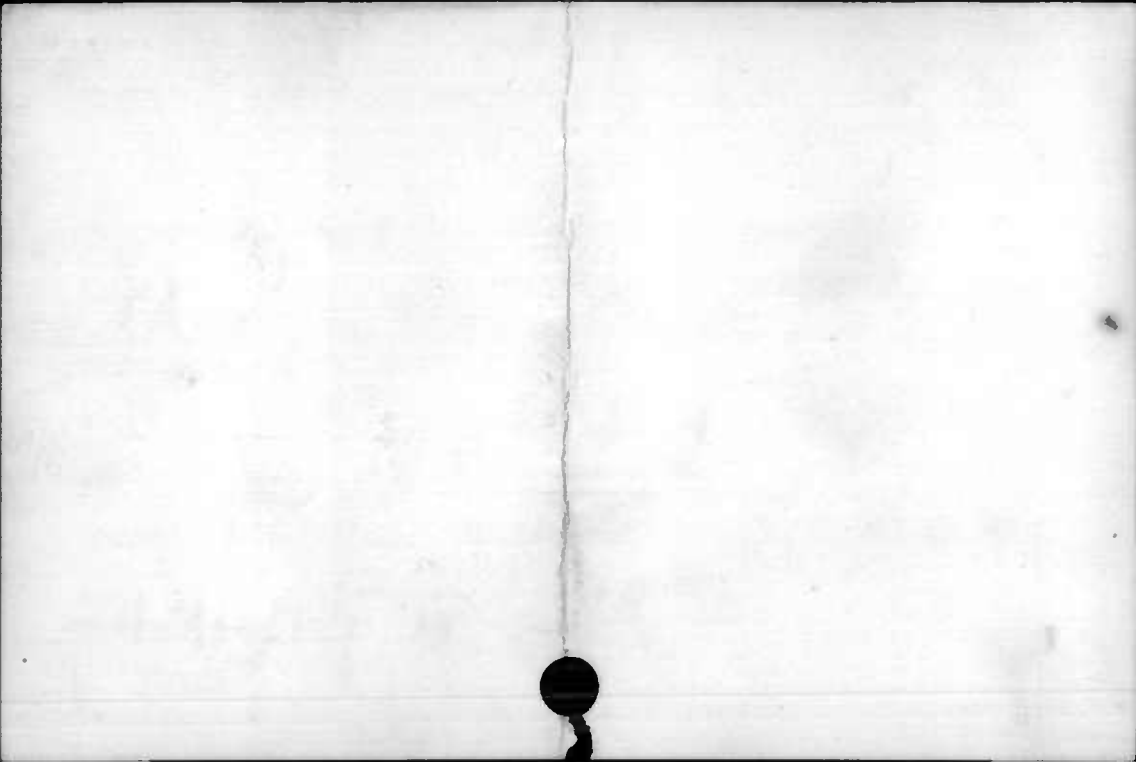
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Whiteburg	County Worcester	MARYLAND		
Date of death	1905	Month Nov	Day 25	Age 74	Months 11	Days 26
Sex	male		Color or Race	white		
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	married		Name of Wife or Husband	Mary Dryden		
Father's Name	Tubman Dryden			Father's Birthplace	Not known	
Mother's Maiden Name	Sarah Reigie			Mother's Birthplace	Salisbury, Md.	
Name of person giving In formation	Mary Dryden			How related to deceased	wife	

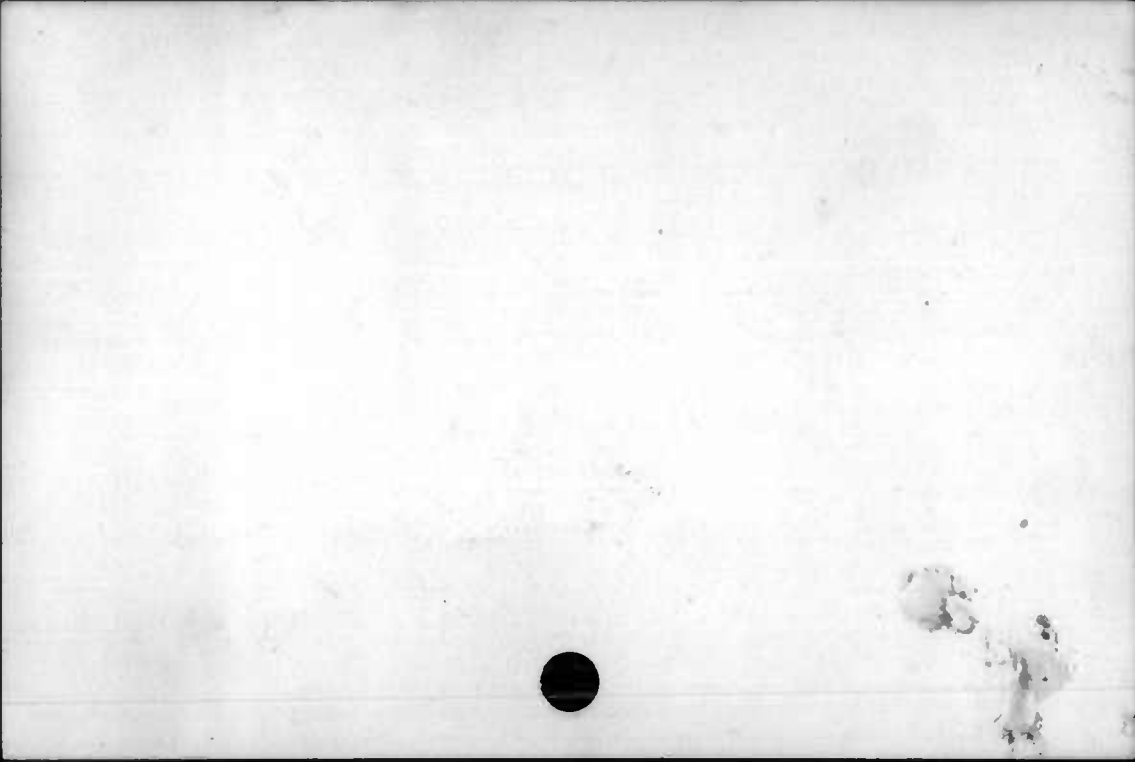
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic nephritis	How long	7 years
Immediate	Chronic nephritis	How long	7 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John L. Riley
yes		Address	Snow Hill, Maryland
Accident or Suicide?			



Name in Full		Nancy Fisher				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Relig Grange		County Worcester		MARYLAND	
	Date of death	1905	Nov	28	Age	76	
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Mid wife		Where Residing if not at place of death		P. F. Whittington's	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Ezraiah Fisher		Father's Birthplace		Not Known	
PHYSICIAN OR CORONER	Mother's Maiden Name	Maria		Mother's Birthplace		" "	
	Name of person giving information	Aurelia Whittington		How related to deceased		" "	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Old age + Cancer		How long	12 years		
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		H. J. Beckwith		
			Address		Relig Grange		
Accident or Suicide?						ma	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Margaret Gundy</i>		Town <i>Pocomoke</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Pocomoke</i>		Month <i>Mar</i>		Day <i>10</i>		Age <i>—</i>	
Date of death <i>1905</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Columb</i>		Birth-place <i>Pocomoke city</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Pocomoke city</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Robt - Gundy</i>					
Father's Name <i>Robt - Gundy</i>		Father's Birthplace <i>Worcester</i>					
Mother's Maiden Name <i>Sarah Bell</i>		Mother's Birthplace <i>Worcester</i>					
Name of person giving information <i>Sabra Bailey</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stitch Burns</i>	How long <i>5</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>—</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

major S Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stockton</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>5</u> <sup>Month</sup>	<u>11</u> <sup>Day</sup>	Age <u>66</u> <sup>Years</sup>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Ind</u>		
<del>Single</del> Widowed	Occupation <u>Cycleman</u>				
Name of Wife or Husband					
Father's Name <u>S Hudson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mahalia Harrington</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Joseph Hoak</u>			How related to deceased <u>Son in Law</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>6 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J D Dickerson</u>
	Address <u>Stockton Worcester Co Md</u>
Accident or Suicide?	




Name  
in  
Full

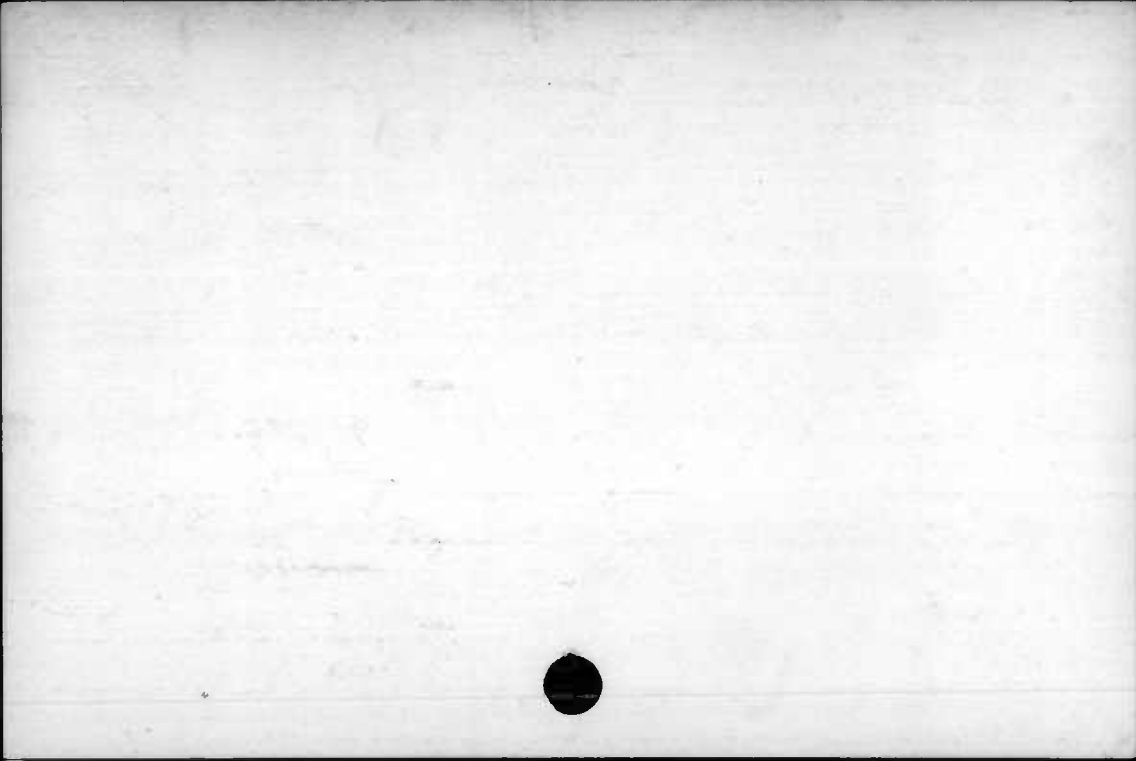
Mary E McDaniel

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Pocomoke city		<sup>County</sup> Worcester		MARYLAND	
Date of death 1905		Month Nov	Day 9	Years 80	Months
Sex Female		Color or Race White		Birth-place Worcester Co	
Occupation Domestic		Where Residing if not at place of death Pocomoke city			
Married, Single or Widowed Widow		Name of Wife or Husband Stephen McDaniel			
Father's Name Josiah Brunningham		Father's Birthplace Worcester			
Mother's Maiden Name Dont Know		Mother's Birthplace " "			
Name of person giving information Whitty Hancock		How related to deceased Neighbor			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Apoplexy		How long	Two months
		Paralysis		How long	
	Immediate				
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		 [Signature] Address Pocomoke city, Md		
Accident or Suicide?					



Name  
in  
Full

J. L. McDonald

## CERTIFICATE OF DEATH

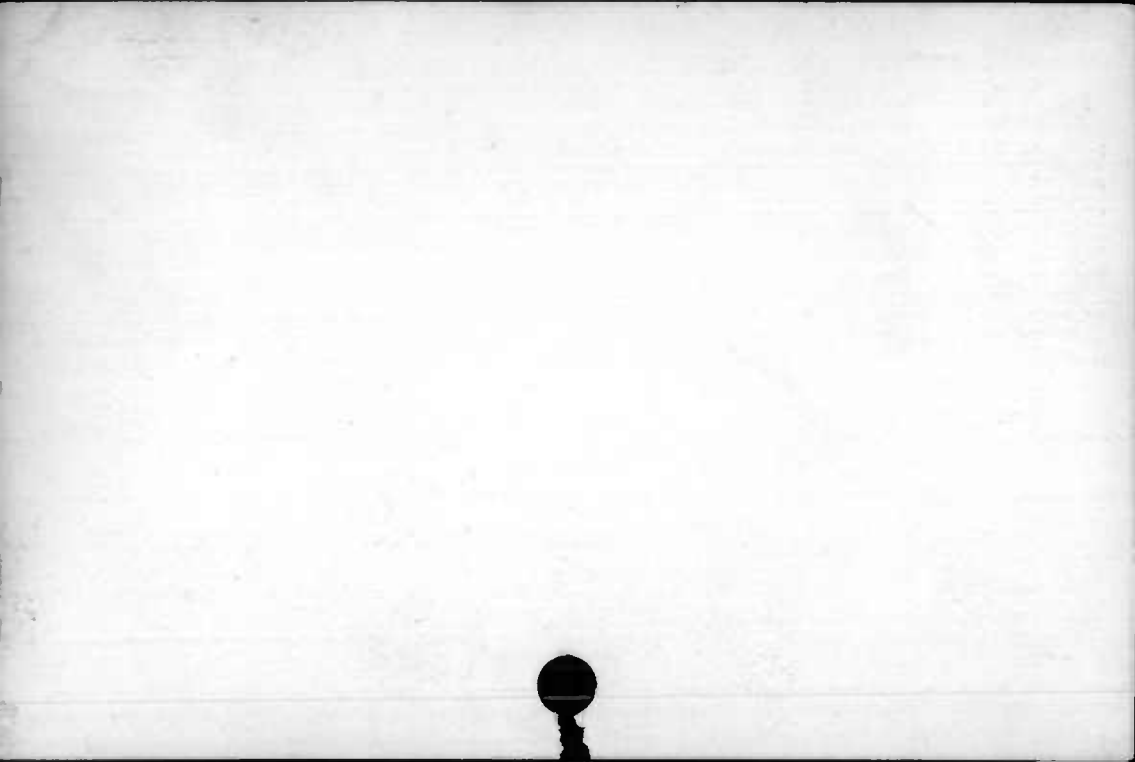
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>15</u>	Age <u>44</u> Years	Months <u>7</u>	Days <u>24</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ottawa Ohio</u>	
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of <del>Wife</del> <sup>Husband</sup> <u>J. L. McDonald</u>			
Father's Name <u>Geo Agner</u>			Father's Birthplace <u>Ohio</u>		
Mother's Maiden Name <u>E Sackett</u>			Mother's Birthplace <u>Ohio</u>		
Name of person giving information <u>J. L. McDonald</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Lobar Pneumonia</u>	How long <u>13 days</u>
Immediate <u>Cardiac failure</u>	How long <u>at home</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W R Elliott</u>
	Address <u>Snow Hill</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Elizabeth Mannel

## CERTIFICATE OF DEATH

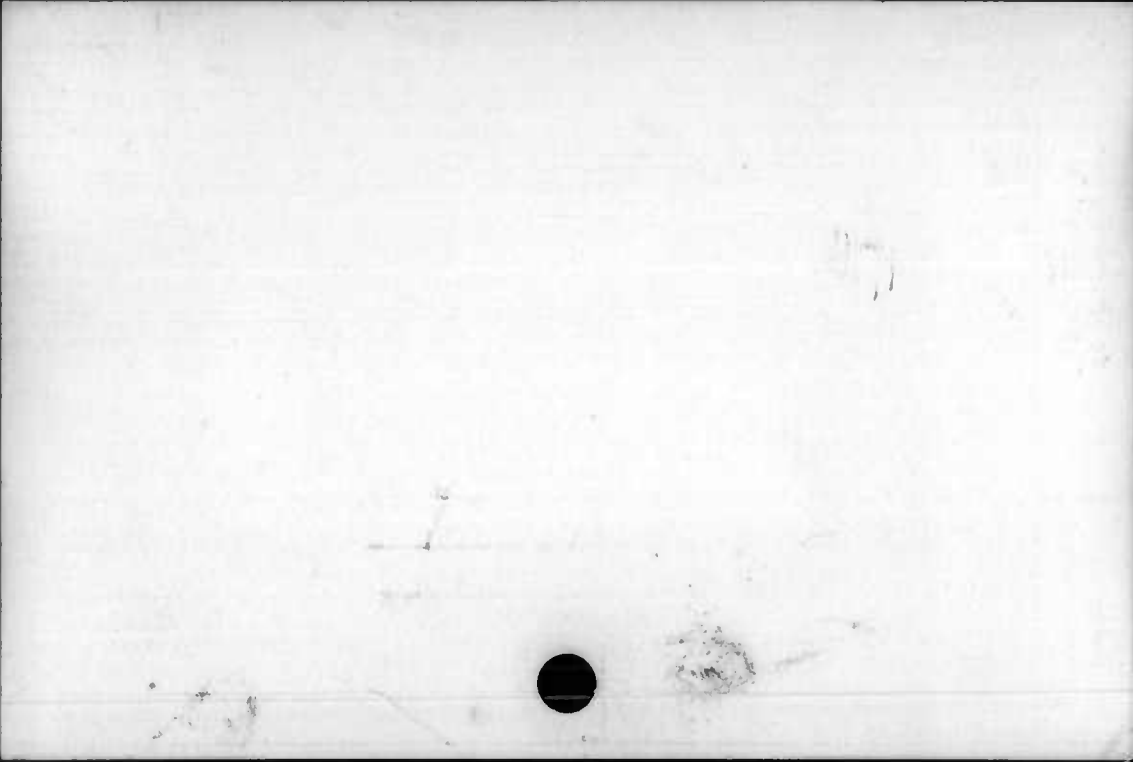
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Goodville		<sup>County</sup> Worcester		MARYLAND	
Date of death 190 <sup>st</sup> November	Month	Day 11 <sup>th</sup>	Age 33	Months 3	Days 2
Sex Female	Color or Race Negro		Birth-place	Summit Hill	
Married, Single or Widowed	married		Occupation	Housekeeper	
Name of Wife or Husband Wesley Mannel					
Father's Name Robert Spencer			Father's Birthplace Summit Hill		
Mother's Maiden Name Elizabeth Truitt			Mother's Birthplace Summit Hill		
Name of person giving information Wesley Mannel			How related to deceased Husband		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid Fever	How long 3 weeks
Immediate Ulceration of Duodenum	How long 10 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician P. J. Parker
	Address Stockton Maryland
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Unmarried Stokely</i>		Town <i>Pocomoke City -</i>		County <i>Worcester</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Mar</i>		Day <i>5</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Age <i>—</i>		Years <i>—</i>	
Occupation <i>—</i>		Birth-place <i>Worcester Co</i>		Months <i>—</i>		Days <i>10</i>	
Where Residing if not at place of death <i>Pocomoke City -</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charlie Stokely</i>		Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>Hattie Trimmer</i>		Mother's Birthplace <i>Worcester Co</i>					
Name of person giving information <i>Charlie Ballou</i>		How related to deceased <i>—</i>					

## CAUSES OF DEATH

Primary *Sick all its life* **(17)** How long *10 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

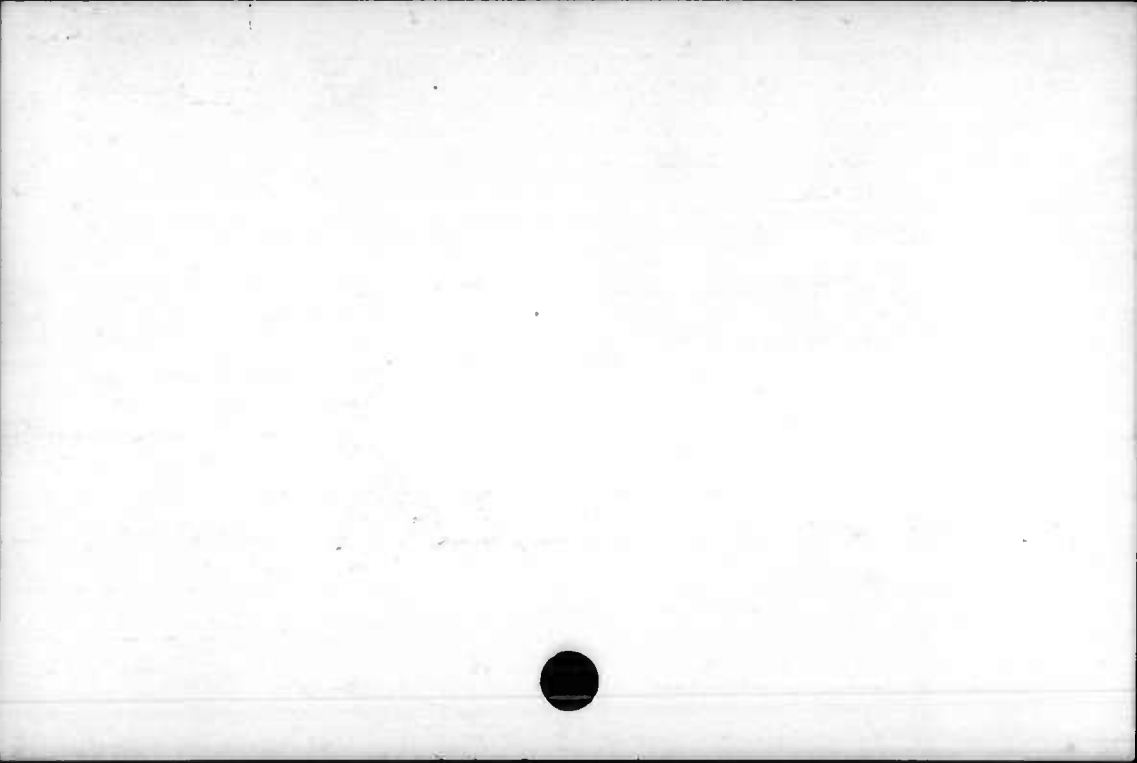
*Yes*

Signature of Physician

Address

*Theresa**Leha Ballou**Pocomoke City Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Beaconville City - Worcester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<sup>Month</sup> <i>Mar</i>	<sup>Day</sup> <i>15</i>	<sup>Years</sup> <i>80</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Worcester Co</i>	
Occupation <i>Washing</i>	Where Residing if not at place of death <i>Worcester Co</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Martha Teagle</i>		
Father's Name <i>Edwin D Taylor</i>	Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>Prudence Taylor</i>	Mother's Birthplace <i>Worcester Co</i>		
Name of person giving information <i>Irving Ballard</i>	How related to deceased <i>Mother in Law</i>		

## CAUSES OF DEATH

Primary <i>Heart Attack</i>	How long <i>8 months</i>
Immediate	How long <i>1 "</i>

Are the name, age, sex, color, date and place correctly given above?

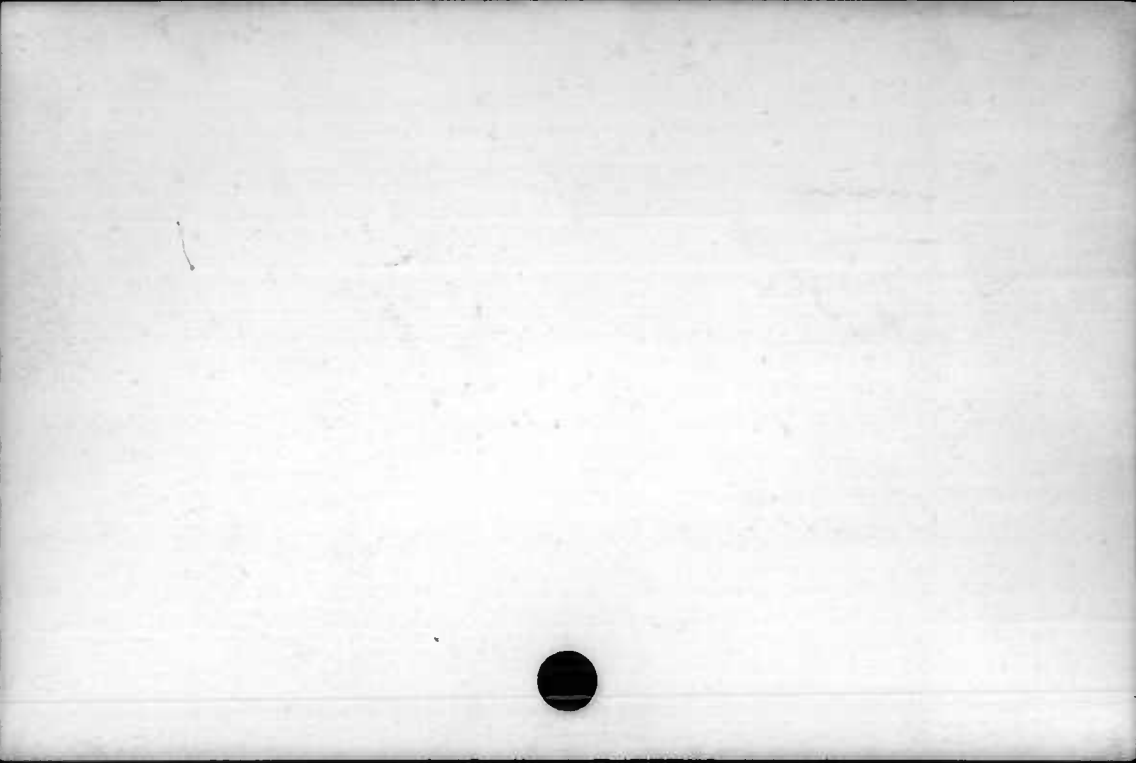
*Yes*

Signature of Physician

Address

*Irving Ballard**Beaconville City Md*

Accident or Suicide?



Name  
in  
Full

*Wilson*

CERTIFICATE OF DEATH

MARYLAND

Died at *Mar Annap* Town *Worcester* County

Date of death *1905* Month *11* Day *13* Years *57* Months *—* Days *—*

Sex *Female* Color or Race *Blk* Birth-place *Ind*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Ludwig Wilson*

Father's Name *Bassett* Father's Birthplace *Ind*

Mother's Maiden Name *A P Borow* Mother's Birthplace *Ind*

Name of person giving information *A P Borow* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Consumption* How long *year*  
Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*Ebe Holland*

Address

*Barber  
Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

